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## UTILITY PATENT APPLICATION TRANSMITTAL

DUPLICATE

|   |   |              |
|---|---|--------------|
| Address to:<br>Assistant Commissioner for Patents<br>Box PATENT APPLICATION<br>Washington, DC 20231 | Attorney Docket No.                     | EM/LEE/5990  |
|   | First Named Inventor<br>(or identifier) | Young Su LEE |
|   | Total Pages                             | 61           |

Transmitted herewith is a patent application under 37 CFR 1.53(b).

Entitled: **MOTION ESTIMATOR ARCHITECTURE FOR LOW BIT RATE IMAGE COMMUNICATION**

1. Submitted herewith are the following:  
24 pages of specification, including claims and Abstract.  
10 sheets of FORMAL drawings.  
7 claims.  
1 Oath/Declaration signed by each inventor.  
1 signed Small Business Small Entity Statement.  
1 certified copy of Korean appl no. 10-2000-42044, filed July 21, 2000. Priority is claimed.  
1 Assignment of the invention, Cover Sheet, and payment of the \$40.00 recordal fee.  
1 check in the amount of \$385.00 including any assignment recordal fee.

2. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200.

3. Insert before the first sentence of the specification: -- This application claims the benefit of provisional application number \_\_\_\_\_ filed \_\_\_\_\_.

4. Insert before the first sentence of the specification: -- This application is a Continuation-in-part of nonprovisional application number \_\_\_\_\_ filed \_\_\_\_\_.

5. Other: \_\_\_\_\_.

| THE FILING FEE IS CALCULATED AS FOLLOWS:  |            |  |  | Basic Fee: | \$690.00 |
|---|------------|--|--|------------|----------|
| Total Claims:   | 7          | - 20 =                                   | 0  | X \$18 =   | 0.00     |
| Independent Claims:   | 1          | - 3 =                                    | 0  | X \$78 =   | 0.00     |
| Correspondence Address:<br>BACON & THOMAS, PLLC<br>625 Slaters Lane, 4 <sup>th</sup> Floor<br>Alexandria, VA 22314-1176 |            | Multiple Dependent Claim (add \$260.00): |  |            | 0.00     |
|   |            | Subtotal:                                |  |            | 690.00   |
|   |            | 50% Reduction if Small Entity Status:    |  |            | 345.00   |
| Phone: 703-683-0500   |            | Fax: 703-683-1080                        |  | Total:     | 345.00   |
| Date:   | Name:      |  | Signature:   |            | Reg. No. |
| September 8, 2000   | Eugene Mar |  |  |            | 25,893   |